

in the figure. The eye then sees the catheter projecting from the opening in the tube, and its entrance into the ureter can easily be controlled. The rubber catheter can then be pushed in even as far as the pelvis of the kidney.

Nitze has been surprised to see how easily the operation can be performed, even under difficulties such as the presence of an enlarged prostate. The patient experiences no pain, and no damage is done.

It is of especial importance that in this manner not only can the ureter be catheterized, but by a simple manipulation it is possible in all cases, after the catheter has been introduced to the desired depth, to withdraw the metal instrument and leave the rubber catheter in place.—*Centralblatt für Chirurgie*, No. 9, 1895.

J. P. WARBASSE (Brooklyn).

FEMALE GENITO-URINARY ORGANS.

I. Operative Treatment of Myomata during Pregnancy and Parturition. By Dr. APFELSTEDT (Göttingen). The author reports the case of a pregnant woman, thirty-three years old, primipara, seen first in the ninth month of pregnancy, in whom a large fibroid occupied the pelvis and formed an impassable obstruction to the birth of the child. She was kept in the hospital until labor began, when the child and uterus were removed by Porro's operation. Mother and child both lived. The mother did not secrete any milk, which may or may not have been due to the removal of the uterus and adnexa.

The best method of treating myomata complicating pregnancy is discussed at length.

Abortion during the early months of pregnancy should never be attempted. The presence of the tumor makes it difficult to empty the uterus, which is usually found to be very tolerant of the ordinary methods of producing abortion. Moreover, the part of the uterus under a myoma is not capable of undergoing normal retraction, and severe hæmorrhage is apt to occur after the placenta is detached. Hellwig and Meyer have reported fatal cases from sepsis. Even if

the operation be successful, the woman is left with a tumor, which will probably call for operative treatment at a subsequent date.

Myomectomy during pregnancy has been done thirty-two times, with the following result: fifteen successful, eleven abortions, five died; giving a mortality of 18.8 per cent. for the mothers, and 53.1 per cent. for the children. This operation should be done for the relief of severe pressure symptoms and sloughing of the tumor, but never because the tumor appears to be growing rapidly.

Supravaginal amputation during pregnancy has been done forty times, with a mortality of 30 per cent. As far as our present experience teaches, this operation should be avoided.

In most cases it is best to wait until labor begins. In some instances the tumors are dragged out of the pelvis by the growing uterus, and normal delivery takes place, but in the majority of cases it is best to perform Porro's operation without delay. The operation has been done fifteen times for this condition, with a mortality of 20 per cent.—a surprisingly good result as compared with Cæsarean section (50 per cent.), or supravaginal hysterectomy (30 per cent.) for the same condition, and compares favorably with Porro's operation (29 per cent.) and supravaginal hysterectomy (21.6 per cent.) for other conditions. In the three fatal cases reported the stump was treated by the extraperitoneal method, a procedure usually associated with a high mortality. By intraperitoneal treatment of the stump the mortality ought to be still further diminished.—*Archiv für Gynäkologie*, Band XLVIII, Heft 1.

II. The Result of Castration for Myomata. By Dr. HERMES (Halle, a. S.). The author gives an analysis of sixty-eight cases of myomata from the clinics of Fehling and Kaltenbach, besides making use of the statistics of others. The operation was done sixty-eight times, with a mortality of 7 per cent. Of the cases which recovered, 78 per cent. ceased menstruating either immediately or very soon after the operation; 17 per cent. menstruated irregularly and 4 per cent. regularly. In at least one of these cases part of an